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Corresponding Author:
licia.montagna@hunimed.eu

Medical Humanities in the Recent Medical Education Literature

Licia Montagna

Adjunct Professor of Pedagogy, Pedagogist at the Office for Medical Education Humanitas University - Department of Biomedical Sciences, Humanitas University, Milan, Italy. IRCCS Humanitas Research Hospital, Milan, Italy

ABSTRACT

Medical Humanities in the Recent Medical Education Literature

Medical humanities is an educational approach based on the creative and intellectual forces of various humanistic disciplines. The educational setting offered by medical humanities based on small groups discussion, or reflective activities, allows students to discover, share and compare their values and in this way internalize and construct the doctor they wish to be. The article presents an overview of the recent literature on medical humanities in medical education, describing four rationales to guide its implementation in medical education.

Keywords: Medical humanities - Medical curriculum - Teaching and learning

Introduction

Medical humanities is an educational approach. The term was first coined in 1976 by an Australian surgeon, Anthony Moore[1], who described it as a way of understanding the experience of health and illness and exploring the ethical issues of clinical practice. In Italy, it was firstly presented by Sandro Spinsanti in the well-known periodical Arco di Giano in 1993[2]. At the time, Spinsanti already warned that talking about medical humanities does not mean 'humanizing medicine' but considering it as an educational approach aimed at developing affective and relational skills[3], and more essentially as a comprehensive approach that addresses a renewal of the values of medicine. Spinsanti explained that medical humanities concerns what affects the human being both as patients at their intimate frontiers in dealing with illnesses, or as doctors in healing them.

Based on the creative and intellectual forces of various humanistic disciplines: literature, history, anthropology, art, creative writing, theatre, cinema, music, philosophy, and of late also comics[4], medical humanities reveals a profound intention of going in depth into the core values of medical practice, in which communication is one of the cornerstones.

The article presents an overview of the recent literature on medical humanities in medical education.

What are medical humanities and which competences do they provide?

There are many definitions of medical humanities in the international literature, testifying both the increased interest in this approach, and the versatility of the contents and leaning outcomes that it offers in educating medical doctors to the humanistic aspects of the profession. Medical humanities focuses its attention on a deep and wide understanding of human vulnerability and is presented as either "an integrated, interdisciplinary, philosophical approach to recording and interpreting human experiences of illness, disability and medical intervention"[5,6], or as "an interdisciplinary field concerned with understanding the human condition of health and illness in order to create knowledgeable and sensitive health providers"[7]. The method enhances the ability to look at health and illnesses and patients' experiences from historical, social, and cultural perspectives, allowing doctors to widen their perspectives on the causes and the effects of the disease in patients' life. This approach allows students to improve their ability of listening to a patient's story, empathizing with patient's experience[8], but more importantly, helping them to be more curious about the existential side of the disease experience. All such competences are aimed at widening doctors' perspectives towards a deeper understanding of the reasons behind patients' choices, reactions, compromises, or unpredictable strategies patient decides to take in order to accept the disease. Most of the time these choices seem far from a doctor's point of view, but

they are profoundly linked to patients' values and backgrounds. Using the narrative paradigm belonging to human sciences, medical humanities provides a powerful set of tools to develop what is called 'lateral' thinking'[9], which enables future doctors to question their assumptions and prejudices, engage in a dialogue from different perspectives, and broaden their ability to respond to medical problems not only in terms of "solutions" but also with a wider and in-depth comprehension of the causes of these problems in order to come to the right decision for the patient[10]. All these competences are strongly related to the acquisition of sensitivity and self-awareness[11], tolerance of ambiguity[12], and the same time support professional identity formation[13]. The educational setting offered by medical humanities based on small groups discussion, or reflective activities, allows students to discover, share and compare their values and in this way internalize and construct the doctor they wish to be.

Alongside competences related to the development of narrative skills and other key professional abilities, studies have shown that medical humanities can improve the development of observation skills, essential but rarely part of the medical curriculum, which can be taught through systematic training using representational painting[14]. Finally, medical humanities allows for the development of personal strategies, such as self-care[15]. As suggested by Wald medical humanities can help medical students, doctors, and other health professionals to cope with and reduce stress, foster resilience, and promote well-being[16]. A recent multi-institutional survey in the US showed a correlation between medical students' exposure to the humanities with positive personal qualities and reduced burnout[17]. All these outcomes can be considered as a possible way to overcome the separation between clinical practice and human sciences. An integration that fosters both a research environment and interdisciplinary teaching that may optimize, improve, and support a more holistic and caring approach[18].

How do we integrate medical humanities into the medical curriculum? Four rationales to guide its implementation in medical education

Despite these positive proposals and some important insights, medical humanities struggles to be recognized within university medical curricula and has often been depicted as "edutainment"[19], due to a lack of integration or because it is still considered the "new kid on the block when compared to Anatomy" as Ousager and Johannessen[20] point out in their review of the literature. As suggested by Bleakley, this could explain why literature on medical humanities has been long focused on defending its cause and ideologically, justifying its function and inclusion in medical curricula instead of developing strands of research on its effectiveness. However, after this initial 'romantic' wave, recent literature has shown a second, and less defensive phase, which has brought greater critical capacity into the culture of medical humanities[21]. This new strand has opened an epistemological reflection, which seeks to go beyond the possible resolution of the conflict between 'Art' and 'Science', to explore how medical

humanities can support the achievement of specific competences, specifically linked to the way in which doctors build their knowledge and practice clinical reasoning[22].
The concern of this new strand of research is not whether it is appropriate to incorporate this approach into curricula, but how to effectively introduce medical humanities through an informed curriculum design. This means being aware of the rationale that guides the use of this approach so that also student learning outcomes will be achievable and assessable with the appropriate instruments.
Neville Chiavaroli[23] suggests a possible clarification about how medical humanities can be used in medical education as non-instrumental or intrinsic, intellectual or critical and finally epistemological functions. The instrumental function is perhaps the most relevant in literature and focuses its attention on the development of skills and attitudes, for example communication, empathy, reflective attitude, and narrative competence. Arguments supporting this function are the fact that medical humanities constitutes a relevant source of materials, namely case stories through which students can develop insight and an understanding of patients' experiences, helping them to be "better doctors"[24].
The non-instrumental or intrinsic function sees medical humanities as an antidote towards the predominance of the biomedical and technological vision of medicine in medical curricula through the explicit introduction of the humanistic perspective. In this sense, medical humanities constitutes a way of (re)instilling values centered on the uniqueness of patient care and the importance of professionalism. Although ambitious and rhetorically persuasive, such a claim, however, can easily be challenged by the fact that not all those who value or have been exposed to MH necessarily act in a 'humanistic' way.
The function, described as 'intellectual' or 'critical', considers medical humanities, as a tool to generate and promote a sort of "creative tension" within the educational pathway. An often audacious and courageous new lens through which to reveal the hidden aspects of medicine, often not discussed in formal teaching and learning environments, for example the abuse of power, authority and economic and market pressures. This function aims to challenge the orthodoxy of medicine, favoring the critical analysis and interdisciplinarity of the humanities rather than simply referring to narrative texts as sources of patient and caregiver perspectives. Interesting suggestions regarding this research can be found in the works of Arno Kugamai[25].
Finally, the epistemological function, aimed at identifying and explaining how humanistic disciplines, and their methods of investigation, are intrinsic to clinical practice, since they represent how doctors make decisions and act in daily practice. Aspects including attention to details, tolerance of ambiguity and openness to others' perspectives, characterize clinical practice. As Giorgio Cosmacini claims[26], medicine consists of languages, knowledge, and specific methodological precision, called *Technè*, but close to this term, there is another important word that derives from Aristotle, the word *Phronesis*. A doctor's action is never just a 'pure doing', rather it is always

a *deliberate* action aimed at applying a specific knowledge to that specific patient, who presents the disease in a specific way. Doctor's evaluation of his/her action is always aimed at monitoring its effectiveness based on the patient's reaction. This is the human dimension embedded in medical action and this is what characterizes the Aristotelian concept of *Phronesis*[27]. If *Techné* is practical knowledge, *Phronesis* designates doctors' practical wisdom. The success of a medical intervention is based not only on the ability to understand how the general rules, scientific principles, and clinical guidelines apply to that patient, but also on how these technical skills are brought together in a final judgement that can determine the best action needed to treat or alleviate the patient's condition. It is *Phronesis* that defines the work of a physician. Thus, according to Chiavaroli, the problem is not to justify the presence of medical humanities in medical curriculum, but the physician's own practice based on a continuous fluctuation between the universal and the particular, the general and the individual, the contingent and the absolute. Training in such ambiguity involves helping students to overcome the need to fixate on a single possibility or hypothesis and learn to consider other ways of reasoning, because that is what will happen in their future profession, Helping students to confront with other ideas means helping them to familiarize themselves with the plausibility inherent in the human sciences, rather than the linearity of scientific epistemology; the same scenario arises when teaching students to consider a patient's perspective of the illness and to consider the contextual factors that determine the onset of their illness. In this sense, medical humanities should not be confused with narrative medicine, which is a specific approach to care and assistance that focuses on the person through specific communicative-relational skills. On the contrary, medical humanities can contribute to developing the cultural and value-based capacity and understanding inherent to the narrative medicine approach.

The important message we draw from this epistemological perspective is that it is necessary to overcome a polarized view between scientific and humanistic thinking and that putting forward a medical humanities approach does not mean undermining the foundations of the scientific nature of clinical practice but bringing to light actions and processes that are already present and complementing their exercise through a legitimization process.

As previously pointed out, medical practice is based on a constant dialogue between scientific knowledge and the unique situations in which a disease develops and impacts the patient's life, and between clinical evidence and the patient's will. It is precisely this dialogue that makes medical practice a complex practice since it is often a dialogue between two people who may have different points of view and perspectives. Educating to dialogue, educating to take an approach of critical and reflective openness, must be a commitment to medicine as a human practice, able to hold reason, heart, mind, and spirit together. And nothing greater than art can hold together what characterizes us as human beings.

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*The text here published constitutes the core around which a broader reflection is being built, which will be entrusted to a further publication.